

Prescription Drug Abuse In Tennessee

Safety Subcabinet Working Group

Drug overdose deaths in Tennessee are increasing

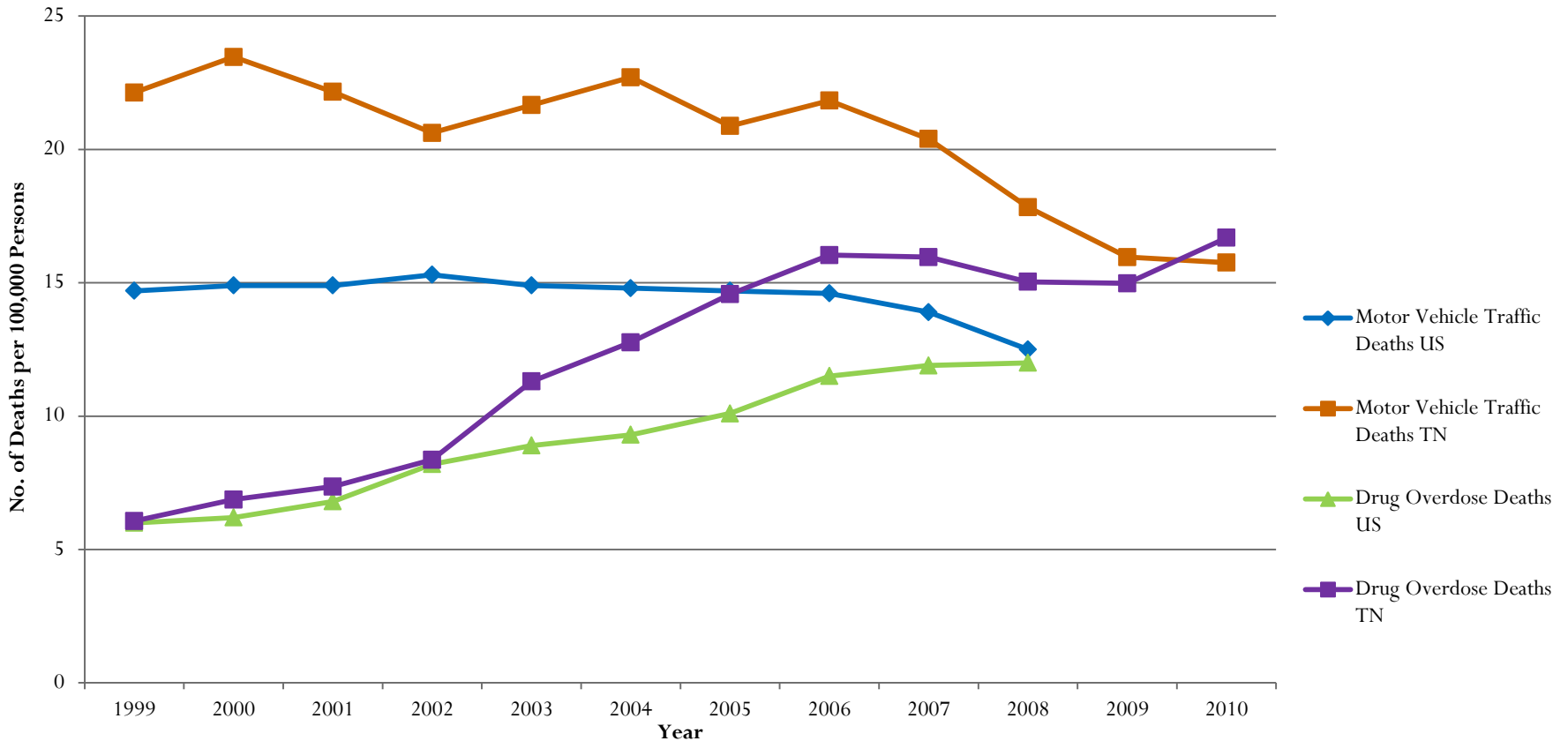
- The number of drug overdose deaths in Tennessee increased from 422* in 2001 to 1,059* in 2010.
- The number of drug overdose deaths in 2010 represents an increase of 250% over the 10 year time period.

* Includes all drug overdose deaths where the manner of death was listed as one of the following: accidental, undetermined, suicide (intentional), or homicide.

Source: *Office of Policy, Planning and Assessment, Tennessee Department of Health – Death Certificates.*

Drug Overdose Deaths vs. Motor Vehicle Traffic Deaths

**Death Rates per 100,000 population
Tennessee vs. US**

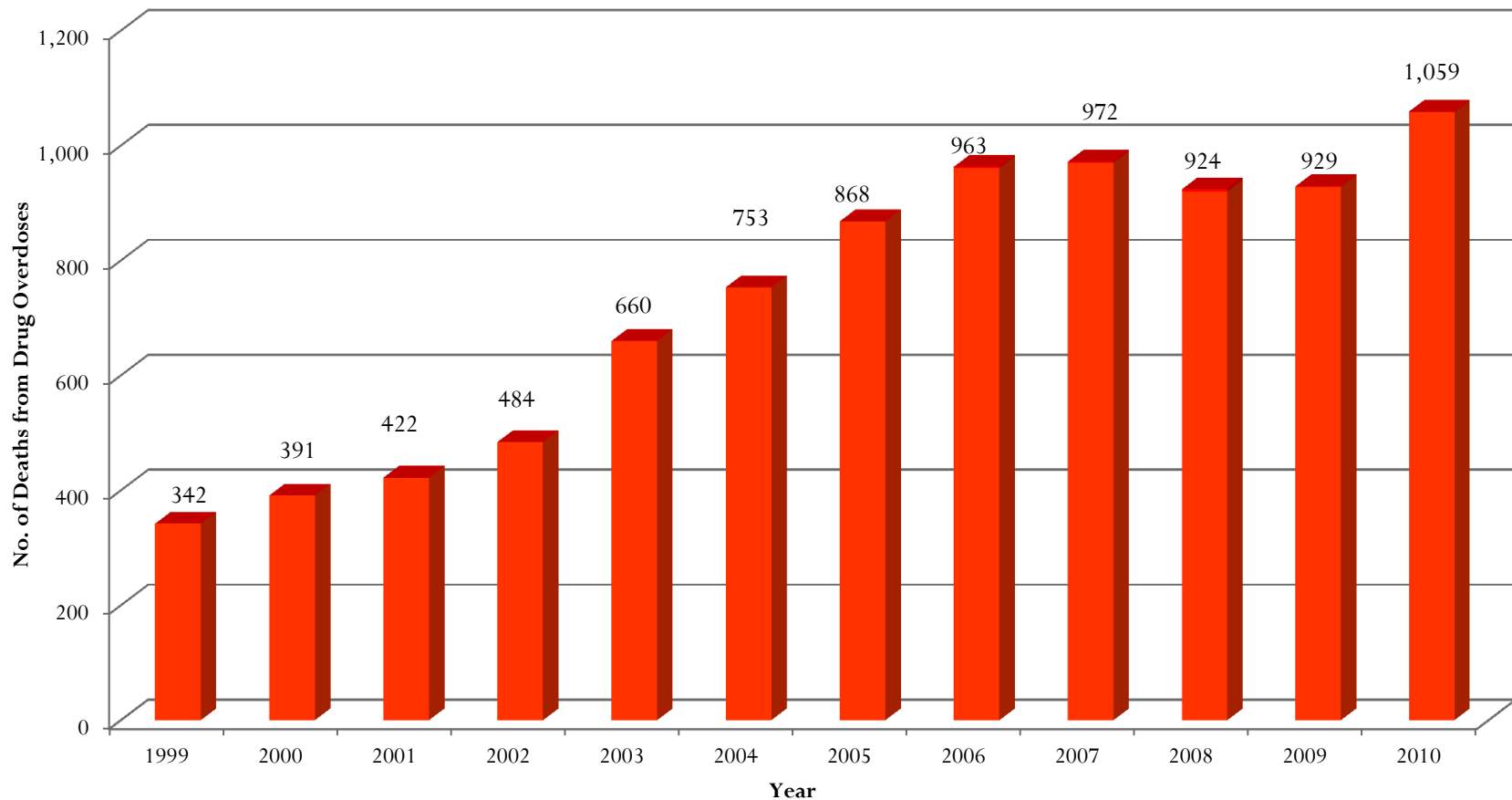


Source: Office of Policy, Planning and Assessment, Tennessee Department of Health – Death Certificates

Source: NCHS Data Brief, No. 81, December 2011, "Drug Poisoning Deaths in the United States, 1980 – 2008", Data table for Figure 1

Drug Overdose Deaths Are Increasing

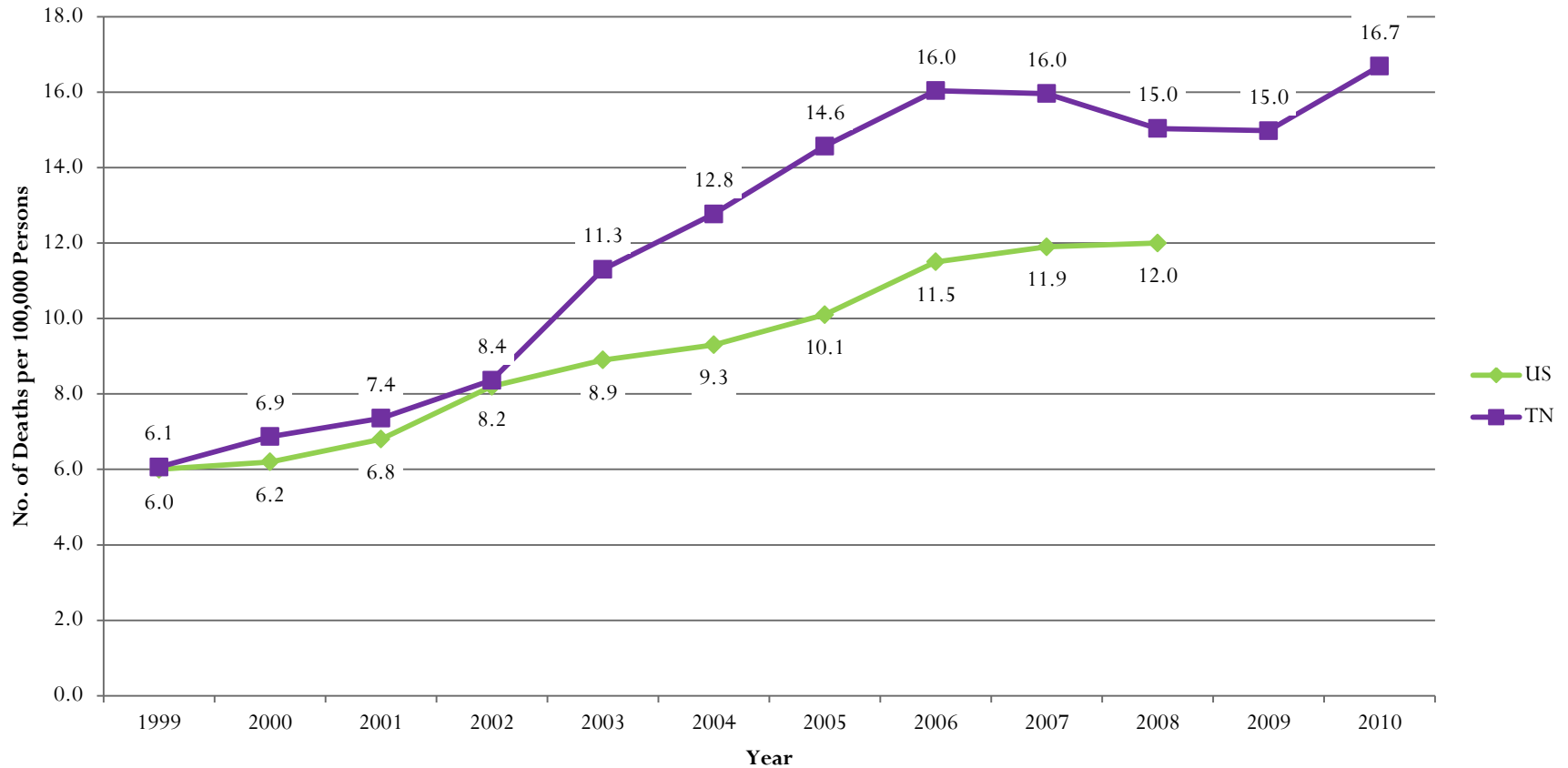
Tennessee Resident Deaths from Drug Overdoses



Source: Office of Policy, Planning and Assessment, Tennessee Department of Health – Death Certificates

Drug Overdose Death Rates Are Increasing

Death Rates from Drug Overdoses per 100,000 population, Tennessee vs. US

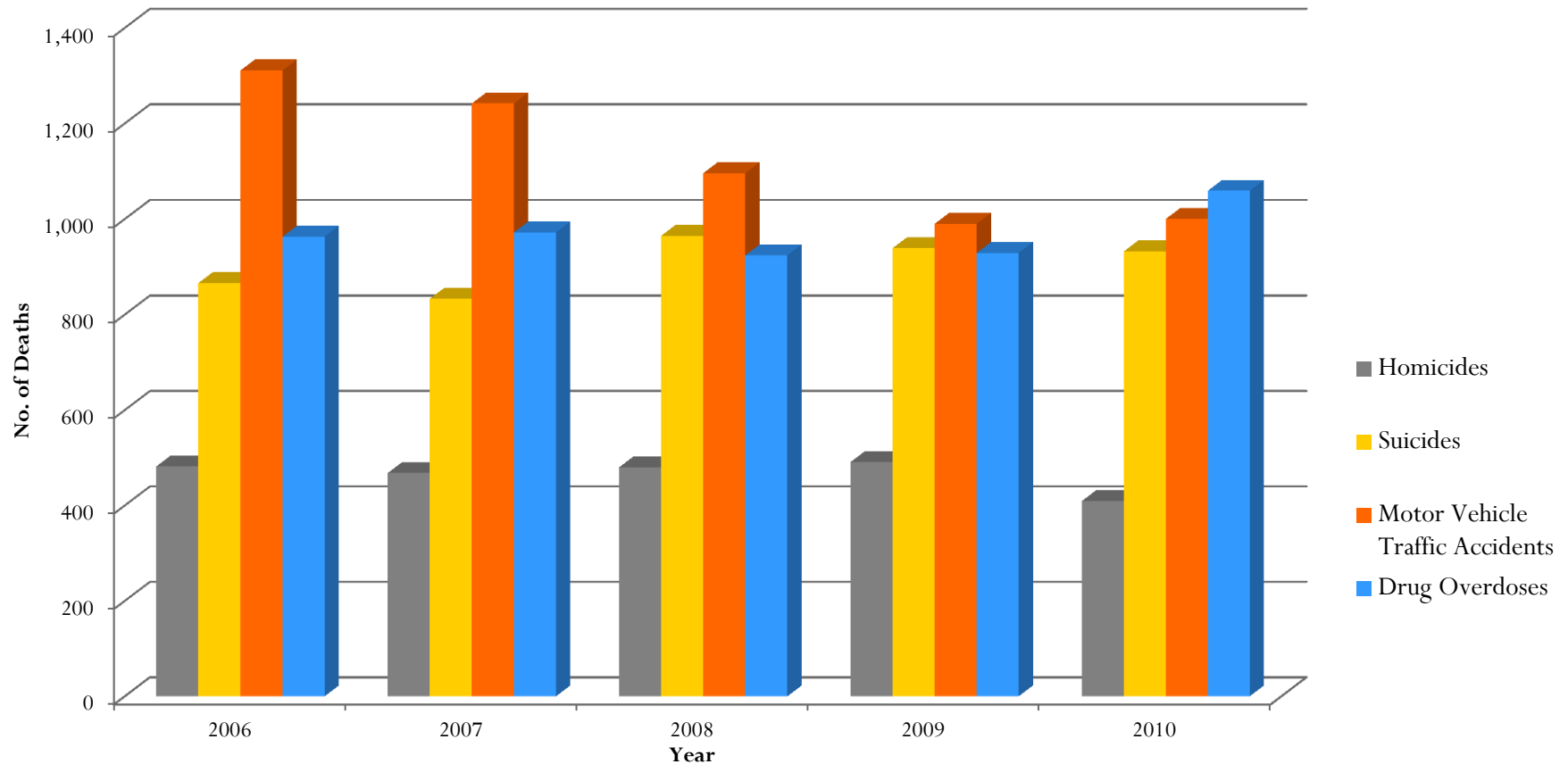


Source: Office of Policy, Planning and Assessment, Tennessee Department of Health – Death Certificates

Source: NCHS Data Brief, No. 81, December 2011, "Drug Poisoning Deaths in the United States, 1980 – 2008", Data table for Figure 1

Comparison of select causes of death

Tennessee Resident Select Causes of Deaths 2006-2010



Source: Office of Policy, Planning and Assessment, Tennessee Department of Health – Death Certificates

Prescription Safety Act: Patient Safety

If utilized, prescription databases can help to reduce patient drug interactions, prescription abuse and potential misuse. Patient Safety is a community effort.

- Presently 1/3 of pharmacists use the PMP.
- Most prescription painkillers are prescribed by primary care physicians, internal medicine doctors, and dentists--not specialists. (CDC Prescription Painkillers Overdoses)
- 55% of abused painkillers are obtained from a friend, only 17.3% of painkillers are prescribed by a doctor . (CDC Prescription Painkillers Overdoses)

The Prescription Drug Database will decrease factors that can have an adverse affect on patient safety outcomes:

- Poor patient or family member comprehension,
- Ineffective medical professional drug usage communication,
- Medical professional's lack of knowledge of other prescribing or updated drug interactions,
- The intentional abuse by the patient or patient's family of the prescription medication.

In 2008, there were **14,800** prescription painkiller deaths.⁴

For every **1** death there are...



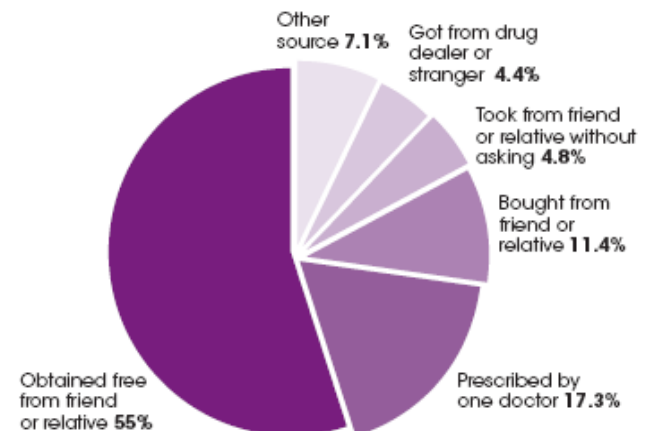
10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

People who abuse prescription painkillers get drugs from a variety of sources⁷



Prescription drug use is a problem in Tennessee

- The top three most prescribed controlled substances in Tennessee in 2010 are:
 - 275.5 million pills of hydrocodone (e.g., Lortab, Lorcet, Vicodin)
 - 116.6 million pills prescribed for alprazolam (e.g., Xanax: used to treat anxiety)
 - 113.5 million pills prescribed for oxycodone (e.g., OxyContin, Roxicodone)
 - Hydrocodone and oxycodone are both **prescription opioids** used to treat pain.

Source: Report to the 2011 107th General Assembly by the Tennessee Department of Health Controlled Substance Database Advisory Committee, Board of Pharmacy,

Prescription drug use is a problem in Tennessee

- The number of drugs prescribed during 2010 to Tennesseans represents:
 - 51 pills of hydrocodone for EVERY Tennessean above the age of 12
 - 22 pills of alprazolam for EVERY Tennessean above the age of 12
 - 21 pills of oxycodone for EVERY Tennessean above the age of 12

Source: Report to the 2011 107th General Assembly by the Tennessee Department of Health Controlled Substance Database Advisory Committee, Board of Pharmacy,

Prescription drug abuse affects everyone

- Abuse of prescription opioids is the number one drug problem for Tennesseans receiving state-funded treatment services.
- Almost 250,000 Tennesseans older than 12 reported abusing prescription opioids in 2009.

Source: *Treatment Episode Data Set – Admission (TEDS-A). 1999 – 2009.*

SAMHSA State Estimates of Substance Use and Mental Disorders from the 2008 – 2009 National Surveys on Drug Use and Health.

Abuse of prescription opioids in Tennessee is increasing

- The percentage of state-funded treatment admissions nationwide increased from 1% to 7% from 1999 to 2009.
- In Tennessee, the percentage of people identifying prescription opioids as their primary substance of abuse increased from 5% in 1999 to 23% in 2009.
- The ranking of the top three drugs named as a primary substance of abuse also changed dramatically from 1999 to 2009: opioid abuse in Tennessee is greater than abuse of marijuana or crack/cocaine.

Source: *Treatment Episode Data Set – Admission (TEDS-A)*. 1999 – 2009.

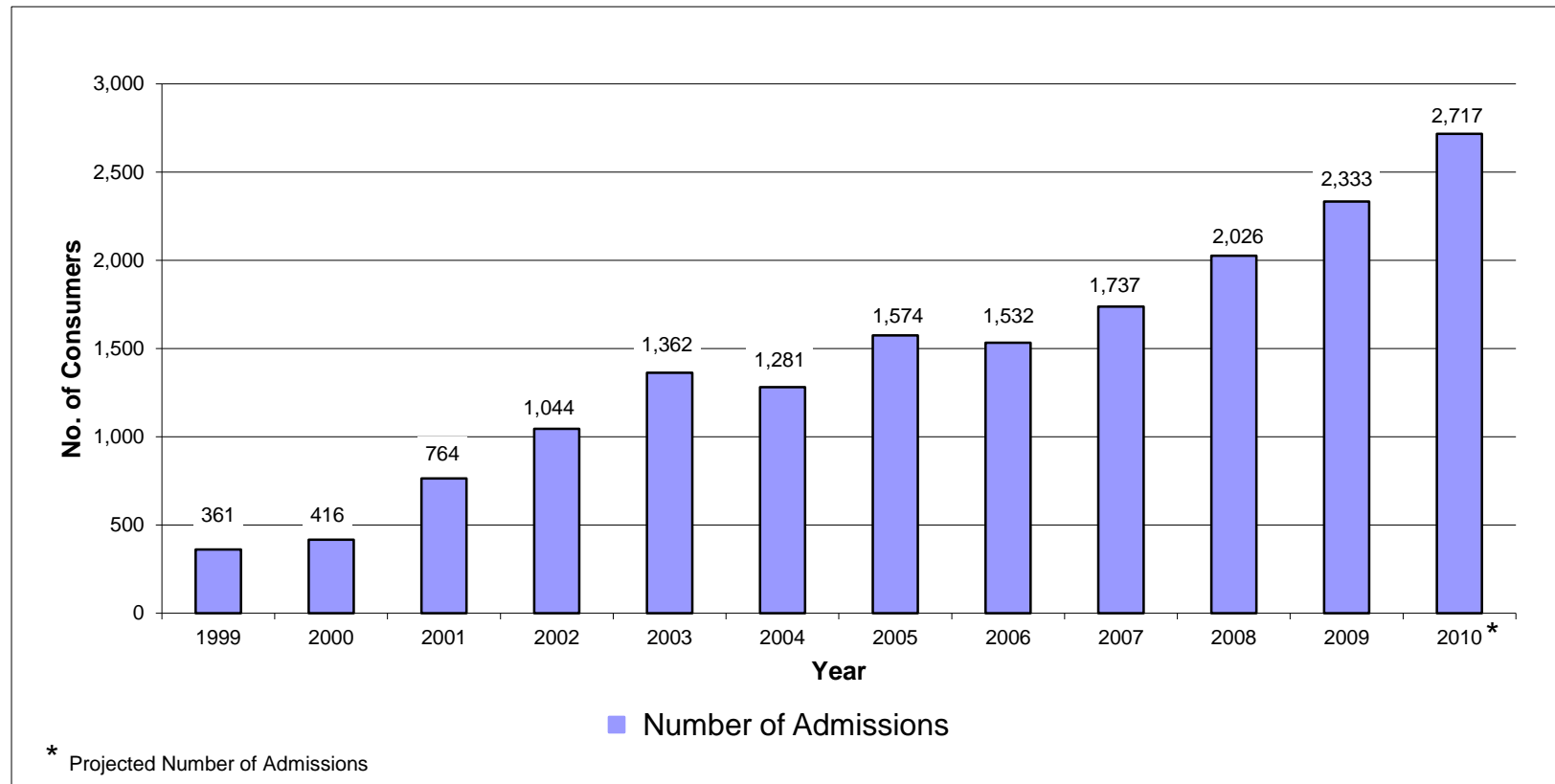
Opioid abuse in 2009 was greater than marijuana or crack/cocaine

PERCENTAGE OF TREATMENT ADMISSIONS: TENNESSEE AND U.S. 1999 AND 2009

Top 3 Drugs in Tennessee	Tennessee		United States	
	1999	2009	1999	2009
Prescription Opioids	5%	23%	1%	7%
Marijuana	14%	18%	14%	18%
Cocaine/Crack	28%	15%	14%	14%

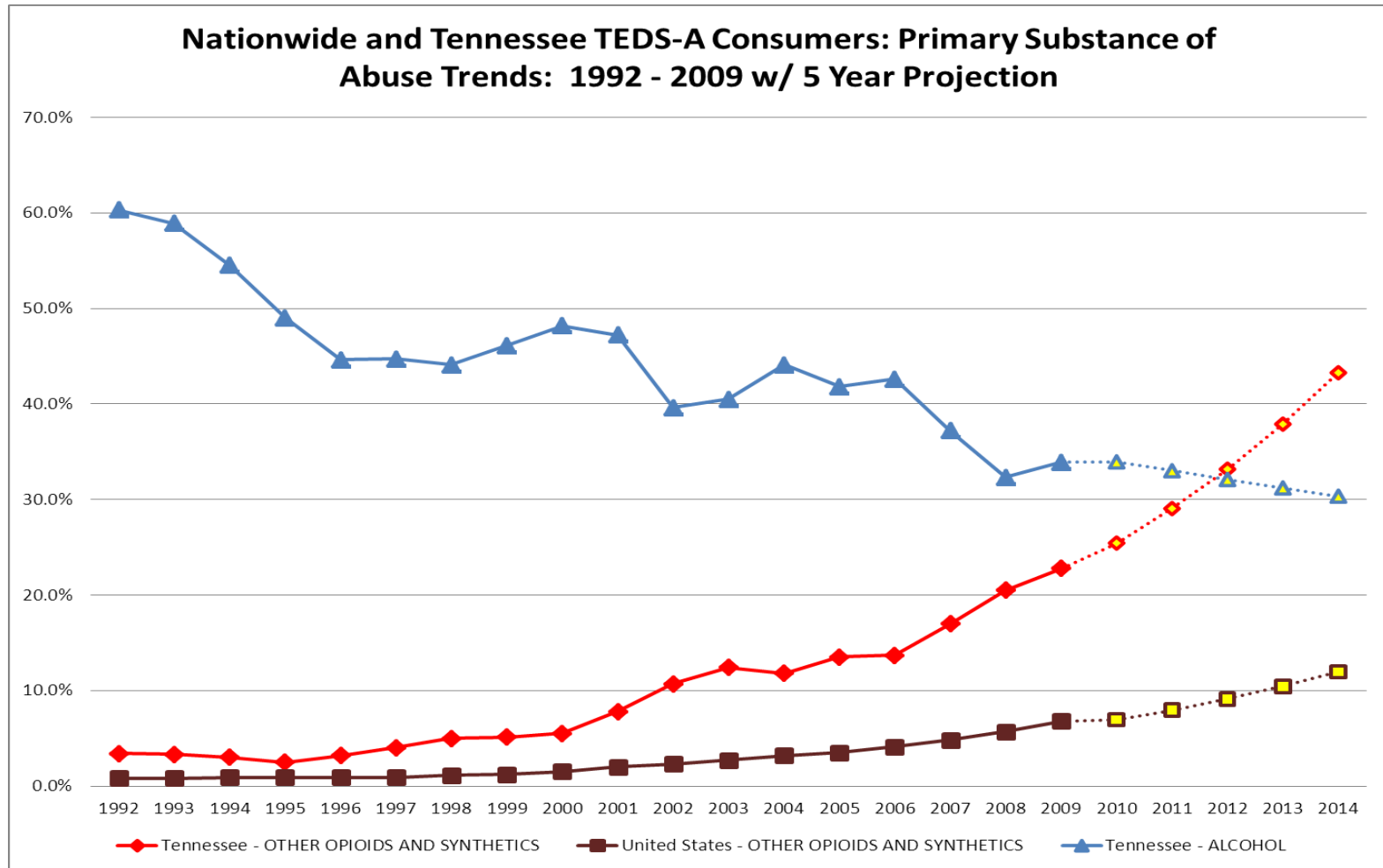
Source: Treatment Episode Data Set – Admission (TEDS-A). 1999 – 2009.

Treatment Admissions in Tennessee for prescription Opioids (pain relievers)



Source: *Treatment Episode Data Set – Admission (TEDS-A)*. 1999 – 2009.

More people will seek treatment for prescription opioids than alcohol by 2013



Source: Treatment Episode Data Set – Admission (TEDS-A). 1999 – 2009.

Prescription drug abuse affects everyone

- Prescription drug abuse hits every profession and every socioeconomic level.
- For those seeking state-funded treatment, people who were stable (married, employed and had at least a high school education) were 3.16 times more likely than less stable consumers to use prescription opioids than illicit drugs.

Source: Division of Alcohol and Drug Abuse Services. Tennessee Web Information Technology System (TN WITS) Database.

Prescription drug abuse especially affects women

While more men were admitted to treatment in 2009 than women, a higher percentage of women abuse prescription opioids.

- 21% of 6,827 men reported prescription opioids as their primary substance of abuse.
- 27% of 3,403 women listed prescription opioids as their primary substance of abuse.
- 35% of 142 pregnant women admitted to state-funded treatment services in Tennessee listed prescription opioids as their primary substance of abuse.

Source: SAMHSA *State Estimates of Substance Use and Mental Disorders from the 2008 – 2009 National Surveys on Drug Use and Health*.

Prescription drug abuse affects youth

- The National Survey on Drug Use and Health found that the abuse of prescription drugs is especially acute for younger Tennesseans.
- While 5% of Tennesseans (older than 12) reported abusing prescription drugs, almost 13% of Tennesseans ages 18-25 reported abusing prescription opioids in the past year.

Source: SAMHSA State Estimates of Substance Use and Mental Disorders from the 2008 – 2009 National Surveys on Drug Use and Health.

People get prescription drugs from friends and family

- Data from the National Survey on Drug Use and Health show that people acquire prescription drugs from the following sources:
 - 70% from friends and family with unused prescriptions
 - 18% from prescribers
 - 5% from a drug dealer or the Internet

Source: SAMHSA State Estimates of Substance Use and Mental Disorders from the 2008 – 2009 National Surveys on Drug Use and Health.

People abusing prescription drugs need treatment

An average of 8,660 Tennesseans receive treatment at Opioid (Methadone) Treatment Programs:

- 78% of people at these private-for-profit centers are addicted to prescription drugs.
- Another 17% are addicted to prescription drugs and heroin.
- Only 4% report using heroin alone.

Source: Tennessee Department of Mental Health survey data and Methadone Central Registry data.

Prescription drug abuse affects employers

In 2011, prescription drug abuse impacted employers through:

- Diminished productivity
- Workplace accidents
- Difficulty finding workers who are healthy and drug free

Source: Quest Diagnostics. U.S. Worker Use of Prescription Opiates Climbing, Shows Quest Diagnostics Drug Testing Index.

The costs of children in custody increased from FY 2008 to FY 2011

Child Welfare

- The percentage of Tennessee children entering state custody with a related substance abuse problem increased from 19% to 33%.
- Estimated costs of caring for these children increased from \$29 million to over \$52 million.

Juvenile Justice

- The percentage of Tennessee adolescents with a substance abuse problem entering state custody through the juvenile justice system increased from 5% to almost 11%.
- Estimated costs of providing treatment and care for these youth in the juvenile justice system increased from \$2.6 million to \$4.8 million.

Source: *Tennessee Department of Children's Services*, 9/29/2011.

Three-Prong Prescription Drug Initiative

Prevention

- Increase public awareness about prescription drug abuse.
- Increase data sharing among departments.

Treatment

- Expand treatment options for people addicted to prescription drugs.

Control

- Support health care providers in becoming champions for the prevention and treatment of drug abuse.
- Strengthen law enforcement tools to fight prescription drug abuse.

Schedules of controlled substances

- Schedule I: heroin, LSD, mescaline, GHB, methcathinone (i.e. bath salt)
- Schedule II: morphine, oxycodone (i.e. Oxycontin / Percocet), fentanyl, amphetamines (i.e. Adderall)
- Schedule III: hydrocodone/APAP (i.e. Lortab), anabolic steroids
- Schedule IV: benzodiazepines (i.e. Xanax), phentermine, zolpidem (i.e. Ambien)
- Schedule V: codeine cough syrup, Lomotil
- Schedule VI: marijuana

Source: Jason Carter, PharmD, Tennessee Department of Mental Health